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JUL 20 2023

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF IOWA

Form 4

In The United States District Court
Northern District of Iowa

William Stephenson

(Enter above the full name of the
Plaintiff or Plaintiffs in this action.)

COMPLAINT

2:23-cv-1013-CJW-MAR

vs.

Sgt. Mike Brehm
Sgt. Shultz
Dietary staff
Medical staff
Wj County Jail staff

(Enter above the full name of the
Defendant or Defendants in this
action, if known.)

(NOTE: if there is more than one plaintiff, a separate sheet should be attached giving the information in parts I and II below for each plaintiff, by name.)

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (X)
- B. If your answer to A is YES, please answer the questions 1 thru 7. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper using the same outline.)

1. Parties to this previous lawsuit

Plaintiffs

N/A

Defendants

N/A

2. Court (if federal court, name the district; if state court, name the county)

N/A

3. Docket number

N/A

4. Name of judge whom case was assigned N/A
5. Disposition, if known (For example: was the case dismissed? Was it appealed? Is it still pending?)
N/A
6. Approximate date of filing lawsuit N/A
7. Approximate date of disposition N/A

II. Place of Present Confinement Anamos State Penitentiary

A. Is there a prisoner grievance procedure in this institution? Yes (☒) No ()

B. Did you present the fact relating to your complaint in the state prisoner grievance procedure?
Yes (☒) No () Dubuque County Jail.

C. If your answer is YES,

1. What steps did you take? These issues occurred in the Dubuque County jail. I wrote numerous letters to the jail administrator, captains, dietary staff, and Medical staff, along with grievances.
2. What was the results? My results to these things were with harsh mannerisms and sarcasm. I was told things were going to change to better suit my medical needs to no Avail.

D. If your answer is No, explain why not N/A

E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities?
Yes (☒) No ()

F. If your answer is YES,

1. What steps did you take? wrote numerous letters, grievances and requests which are enclosed with these forms
2. What was the result? I was ignored and disregarded. I was told there would be change to no Avail.

III. Parties

(In item A below, place your name in the first blank and place your present address in the second bank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff William Stephenson

Address _____

B. Additional Plaintiffs N/A

In item C below, place the full name of the defendant in the first blank, his official position in the second blank. Use item D for the name, positions, and places of employment of any additional defendants.

C. Defendant Sgt. Mike Brehm is employed as Sergeant at Dubuque County Sheriff Office/Jail

D. Additional Defendant(s) are/is employed as Sgt. Schultz,
Jail Sergeant at Dubuque County Jail
Sgt. Schultz, Dubuque County Jail,
All Dietary staff, Medical Staff and Dub. Co. Jail staff.

IV. Jurisdiction

This complaint is brought pursuant to 42 U.S.C. § 1983, and jurisdiction is based on 28 U.S.C. § 1343 (a) (3). Plaintiff(s) allege(s) that the defendant(s) acted under color of state law with regard to the facts stated in Part V of this complaint.

V. State of Claim

State here as briefly as possible the FACTS of your case. You MUST state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved (for example, other inmates) and state the date and place of all events. Attach an extra sheet if necessary, and write the heading PART V CONTINUED at the top of the sheet. Keep to the facts. Do not give any legal arguments or cite any cases.

I reported to medical staff and Jail staff from 2021 through 2022 that I wasn't feeling well. I requested to have my blood Glucose and was told "no". It wasn't until I was on the verge of passing out and rushed to the hospital with Blood sugar numbers high in the 500s that anything requested was done. I was admitted to the Hospital for a few days. The staff at the Hospital suggested to myself and informed the staff being, Sergeant Mike Brehm, Sgt Schultz, Dietary staff and Medical staff of a Diet Plan that comes from the "My Food Plan" 7th edition Park Nicollet International Diabetes Center. All to no avail. From then until I left in 2022 I sent grievances to all the names mentioned above with no results. On 7-09-21 Sgt Mike Brehm responded to my grievance saying "Alternative diet requests ~~must~~ due to health reasons must go through Jail's medical staff, which I did to no avail. This negligence resulted in me not being able to eat the food provided and make my battle with diabetes more difficult. All the Dietary, medical and jail staff ignored all these things which only resulted in further medical set backs.

VI. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to be compensated for the inadequate meals I was given from 2021-2022, even when directed by Mercy Hospital of Dub. IA, medical staff. Also for the lack of medical assistance to help manage my diabetic needs. All of which could have been avoided by properly addressing my grievances and requests which are all enclosed with this 1983 form, which would

also have prevented any future diabetic related health
problems that may or may not have been the results
of this lack of care.

VII. Statement Regarding Assistance in Preparing This Complaint

A. Did any person other than a named plaintiff in this action assist you in preparing this complaint?
YES () NO (☒)

B. If your answer is YES, name the person who assisted you.

N/A

C. Signature of person who helped you prepare complaint

N/A
(Date)

N/A
(Signature)

VIII. Signature(s) of Plaintiff(s)

Signed this 18th day of June, 2023

William V. Stetson
(Signature)

Signatures of additional Plaintiffs, if any:

N/A

N/A

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF IOWA

To whom it may concern

During my stay in Dubuque County Jail in 2021 & 22 I encounter a few health issues due to lack of medical assistance. before I was diagnose with diebetis I ~~had~~ tried multiple times to address my symptoms with the medical staff and administration I received the run arounds. On one occasion I asked if the medical staff could check My blood glucose I was told no. it was not until I had to be rush to the hospital with #numbers well in the 500, then and only then was I treated with any concern. During the rest of my stay in Dubuque County I continued to experience problems with an diet that was not suitable for a person with my diebetic conditions

William Stephenson #6579283
406 N. Highst
Angamosa, IA 52205

7-14
Cedar Rapids IA 524

FRI 14 JUL 2023 PM

Clerk of Court

Federal Bldg. & U.S. Courthouse

101 1st Street S.E., Room 313

Cedar Rapids, IA 52401



NOTICE: This Correspondence was
mailed from an institution of the Iowa
Department of Corrections



Legal



City Finance Department
101 First Street S.E.
Cedar Rapids, Iowa 52401



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US District Court
111 7th Ave SE
Cedar Rapids, IA 52401

